

County: Milwaukee  
SUNRISE CARE CENTER, INC.  
3540 SOUTH 43RD STREET

Facility ID: 8580

Page 1

MILWAUKEE 53220 Phone: (414) 541-1000  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 99  
Total Licensed Bed Capacity (12/31/01): 99  
Number of Residents on 12/31/01: 95

Ownership:  
Highest Level License: Non-Profit Corporation  
Operate in Conjunction with CBRF? Skilled  
Title 18 (Medicare) Certified? No  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 98

\*\*\*\*\*

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		28.4
Supp. Home Care-Personal Care	No					1 - 4 Years		33.7
Supp. Home Care-Household Services	No	Developmental Disabilities	2.1	Under 65	8.4	More Than 4 Years		37.9
Day Services	No	Mental Illness (Org./Psy)	14.7	65 - 74	17.9			-----
Respite Care	No	Mental Illness (Other)	14.7	75 - 84	34.7			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	36.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	2.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	4.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.1		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	15.8	65 & Over	91.6	-----		
Transportation	No	Cerebrovascular	24.2		-----	RNs		10.7
Referral Service	No	Diabetes	4.2	Sex	%	LPNs		9.6
Other Services	No	Respiratory	3.2		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	14.7	Male	55.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	44.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

\*\*\*\*\*

#### Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	3	4.1	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.2
Skilled Care	7	100.0	343	67	91.8	118	0	0.0	0	15	100.0	193	0	0.0	0	0	0.0	0	89	93.7
Intermediate	---	---	---	3	4.1	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		73	100.0		0	0.0		15	100.0		0	0.0		0	0.0		95	100.0

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
		-----			-----	
Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	2.0	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	2.0	Bathing	0.0	73.7	26.3	95
Other Nursing Homes	9.8	Dressing	7.4	75.8	16.8	95
Acute Care Hospitals	78.4	Transferring	24.2	54.7	21.1	95
Psych. Hosp. -MR/DD Facilities	2.0	Toilet Use	15.8	55.8	28.4	95
Rehabilitation Hospitals	0.0	Eating	28.4	62.1	9.5	95
Other Locations	5.9	*****				
Total Number of Admissions	51	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	9.5	Receiving Respiratory Care		7.4
Private Home/No Home Health	5.8	Occ/Freq. Incontinent of Bladder	52.6	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	3.8	Occ/Freq. Incontinent of Bowel	31.6	Receiving Suctioning		1.1
Other Nursing Homes	0.0			Receiving Ostomy Care		1.1
Acute Care Hospitals	21.2	Mobility		Receiving Tube Feeding		4.2
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	1.1	Receiving Mechanically Altered Diets		26.3
Rehabilitation Hospitals	0.0					
Other Locations	11.5	Skin Care		Other Resident Characteristics		
Deaths	57.7	With Pressure Sores	6.3	Have Advance Directives		82.1
Total Number of Discharges		With Rashes	6.3	Medications		
(Including Deaths)	52			Receiving Psychoactive Drugs		31.6

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

*****									
	This Facility	Ownership: Nonprofit	Peer Group	Bed Size: 50-99	Peer Group	Licensure: Skilled	Peer Group	All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	99.0	88.9	1.11	86.3	1.15	82.7	1.20	84.6	1.17
Current Residents from In-County	97.9	88.1	1.11	89.4	1.09	85.3	1.15	77.0	1.27
Admissions from In-County, Still Residing	49.0	22.9	2.14	19.7	2.49	21.2	2.32	20.8	2.36
Admissions/Average Daily Census	52.0	129.6	0.40	180.6	0.29	148.4	0.35	128.9	0.40
Discharges/Average Daily Census	53.1	133.7	0.40	184.0	0.29	150.4	0.35	130.0	0.41
Discharges To Private Residence/Average Daily Census	5.1	47.6	0.11	80.3	0.06	58.0	0.09	52.8	0.10
Residents Receiving Skilled Care	96.8	90.5	1.07	95.1	1.02	91.7	1.06	85.3	1.14
Residents Aged 65 and Older	91.6	97.0	0.94	90.6	1.01	91.6	1.00	87.5	1.05
Title 19 (Medicaid) Funded Residents	76.8	56.0	1.37	51.8	1.48	64.4	1.19	68.7	1.12
Private Pay Funded Residents	15.8	35.1	0.45	32.8	0.48	23.8	0.66	22.0	0.72
Developmentally Disabled Residents	2.1	0.5	4.31	1.3	1.59	0.9	2.24	7.6	0.28
Mentally Ill Residents	29.5	30.9	0.95	32.1	0.92	32.2	0.92	33.8	0.87
General Medical Service Residents	14.7	27.3	0.54	22.8	0.65	23.2	0.64	19.4	0.76
Impaired ADL (Mean)	52.8	50.3	1.05	50.0	1.06	51.3	1.03	49.3	1.07
Psychological Problems	31.6	52.4	0.60	55.2	0.57	50.5	0.63	51.9	0.61
Nursing Care Required (Mean)	6.6	7.1	0.93	7.8	0.84	7.2	0.91	7.3	0.90